DECLARATION AND POWER OF ATTORNEY



As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below at 201 et seq. underneath my name.

I believe I am the original, first and sole inventor if only one name is listed at 201 below, or an original, first and joint inventor if plural names are listed at 201 et seq. below, of the subject matter which is claimed and for which a patent is sought on the invention entitled APPARATUS FOR TOTAL IMMERSION PHOTOGRAPHY the specification of which:

 \underline{X} is attached hereto \square was filed on as Application Serial No. (for declaration not accompanying application)

with amendment(s) filed

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119/§172 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

EARLIEST FOREIGN APPLICATION(S), IF AN	Y, FILED PRIOR TO THE FILING	DATE OF THE APPLICATION	
APPLICATION NUMBER	COUNTRY	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. 119/172
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I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the third that the third to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

	THE NAME OF THE OWNER.	STATUS		
APPLICATION SERIAL NO.	FILING DATE	PATENTED	PENDING	ABANDONED
N/A				

POWER OF ATTORNEY: As a named inventor, I hereby appoint the law firm of Holubar, McKinney & Ross and therein Ralph J. Crispino, Reg. No.: 46,144, whose address is 4 Child's Lane, Old Field, New York 11733, and the law firm's attorneys, to prosecute this application, and to transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO:

HOLUP McKINNEY & ROSS 4 CHILL ANE OLD FILED, NEW YORK 11733



•					
	FULL NAME OF INVENTOR	LAST NAME Drugge	FIRST NAME Rhett	MIDDLE NAME	
2 0 1	RESIDENCE & CITIZENSHIP	CITY Stamford	STATE OR FOREIGN COUNTRY Connecticut	COUNTRY OF CITIZENSHIP USA	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 50 Glenbrook Road, Suite 1C	CITY Stamford	STATE OR COUNTRY New Hampshire	ZIP CODE 06902-2914
	FULL NAME	LASTNAME	FIRST NAME	MIDDLE NAME	
2 0	OF INVENTOR RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS	спу	STATE OR COUNTRY	ZIP CODE
	FULL NAME	LASTNAME	FIRST NAME	MIDDLE NAME	
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	POST OFFICE ADDRESS	POST OFFICE ADDRESS	сту	STATE OR COUNTRY	ZIP CODE
	FULL NAME	LAST NAME	FIRST NAME	MIDDLE NAME	
	OF INVENTOR RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	•
14 13	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
	FULL NAME	LASTNAME	FIRST NAME	MIDDLE NAME	
	OF INVENTOR RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
2 0	FULL NAME	LAST NAME	FIRST NAME	MIDDLE NAME	
	OF INVENTOR RESIDENCE & CITIZENSHIP	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
6	POST OFFICE ADDRESS	POST OFFICE ADDRESS	СПУ	STATE OR COUNTRY	ZIP CODE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 20)	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203		
7/8/2-50	DATE	DATE		
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 203	SIGNATURE OF INVENTOR 206		
DATE	DATE	DATE		

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN THE UNITED STATES PATENT AND TRADEMARCE COLOR				
In re:	X Application of: Drugge ☐ Patent of:			
	erial No.: TBA ratent No.:	Group Art Unit: TBA		
	Filed: July 19, 2000 ssued:	Examiner: TBA		
For IM	: APPARATUS FOR TOTAL MERSION PHOTOGRAPHY	Attorney Docket No.: RD-001		
	VERIFIED STATEMENT ([37 CFR 1.9(f)	(DECLARATION) CLAIMING SMALL ENTITY STATUS) and 1.27(b)] - Independent Inventor		
Uni	ned in 37 CFR 1.9 (c) for purposes ted States Code, to the Patent at	I hereby declare that I qualify as an independent inventor as sof paying reduced fees under section 41(a) and (b) of Title 35, and Trademark Office with regard to the invention entitled: Photography Interfaces, as described in: led herewith no. issued		
I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9 (c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9 (d) or a nonprofit organization under 37 CFR 1.9 (e).				
uno list	Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or a under an obligation under contract or law to assign, grant, convey, or license any rights in the invention listed below:			
	 ☑ no such person, concern, or organization ☐ persons, concerns or organizations listed below* 			

*NOTE: Separate verified statements are required from each named person, concern, or organization having rights to the invention averring to their status as small entities.

(37 CFR 1.27)

FULL NAME: Rhett Drugge

ADDRESS: 50 Glenbrook Road, Suite 1C

Stamford, Connecticut 06902-2914

☑ INDIVIDUAL ☐ SMA

☐ SMALL BUSINESS CONCERN

□ NONPROFIT ORGANIZATION

FULL NAME: _ ADDRESS: _

☐ INDIVIDUAL

☐ SMALL BUSINESS CONCERN

□ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. [37 CFR 1.28 (b)].

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, and patent issuing thereon, or any patent to which this verified statement is directed.

Send correspondence to:

Bjorn J. Holubar, Esq.

Direct Telephone calls to:

4 Child's Lane

Old Field, New York 11733

(516) 446-1546

NAME OF INVENTOR	NAME OF INVENTOR	NAME OF INVENTOR
Rhett Drugge	N/A	
SIGNATURE OF INVENTOR	SIGNATURE OF INVENTOR	SIGNATURE OF INVENTOR
7/18/2000	DATE	DATE
name of inventor N/A	NAME OF INVENTOR	NAME OF INVENTOR
SIGNATURE OF INVENTOR	SIGNATURE OF INVENTOR	SIGNATURE OF INVENTOR
DATE	DATE	DATE